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8.0 Healthy Indiana Plan (HIP)

8.1 Call Routing and Authentication

8.1.1 Overview

When a caller contacts the toll free number, three options are presented:

- 1. Healthy Indiana Plan
- 2. Benefit programs such as Food Stamps, Cash Assistance, or Health Coverage other than HIP
- 3. IMPACT

A caller who selects HIP (Healthy Indiana Plan) is routed to a Tier 1 HIP Intake Consultant or Tier 2 HIP Eligibility Specialist, depending on the additional selections made in the IVR (Interactive Voice Response) system.

The HIP Call Routing and Authentication work instructions describe how Coalition employees in the Service Center authenticate a caller prior to handling the reason for the call. Authentication is the process to confirm whether or not the caller is known to the system; authentication by the system or by an agent supports Coalition efforts to provide confidential Client information only to callers who "are qualified" and not to unauthorized persons. Callers contacting the toll free number are presented with a main menu of options and, based on their selection, are routed to a Tier 1 HIP Intake Consultant or Tier 2 HIP Eligibility Specialist, both of whom are referred to as "agents" in the IVR system.

During Service Center business hours, the reason for the call is displayed to the agent, unless the caller presses "0" from the IVR before making any other selection. When that occurs, the reason displays as "Unknown." The agent's pre-recorded greeting, "Thank you for calling the Indiana Family and Social Services Administration. This is (insert name). How may I help you?" is played to the caller while the screen with the caller's information is displayed to, and reviewed by, the agent.

Self-service options are also available to callers during and after Service Center business hours, but the options available depend on whether or not the caller is authenticated.

8.1.2 Types of Calls Routed to a Tier 1 HIP Intake Consultant

During business hours, the following types of calls are automatically routed from the IVR to a Tier 1 HIP Intake Consultant:

- Apply for HIP
- Health Plan Information
- Health Plan Provider Toll Free Numbers callers who press zero after listening
- Other questions about HIP

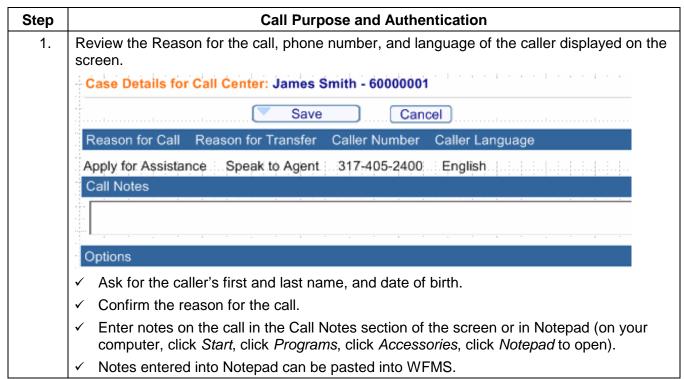
- Callers who select to speak with an agent after hearing commonly asked questions about HIP (except for questions on suspected fraud)
- Persons calling for a reason other than options stated in the Main Menu
- Callers who press zero from the Main Menu rather than making a selection

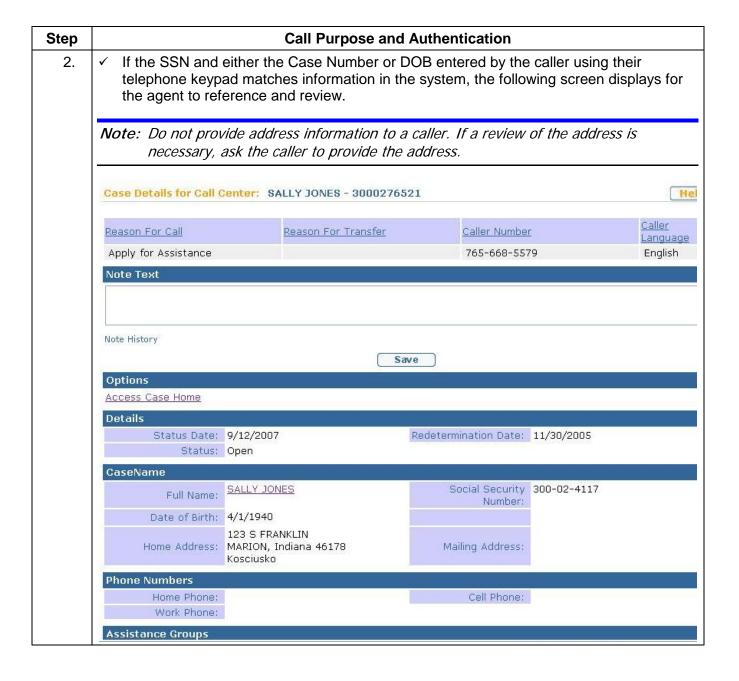
8.1.3 Types of Calls Routed to a Tier 2 HIP Eligibility Specialist

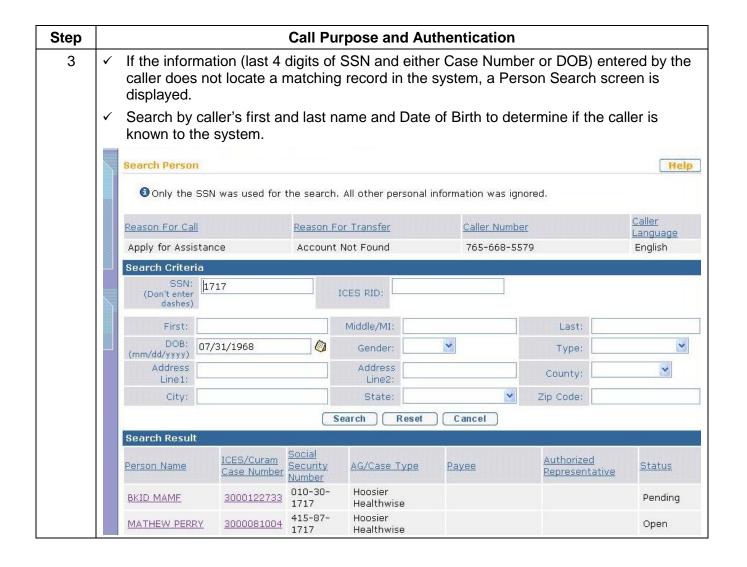
During business hours, the following types of calls are automatically routed from the IVR to a Tier 2 HIP Eligibility Specialist:

- Reporting a change
- HIP case status questions-self-service option; during business hours, caller may press zero after listening
- Health Plan Client Information calls from health plan representatives
- Callers for whom the authentication process results in multiple active cases
- Calls of all types from callers authenticated as members of confidential cases (as designated in ICES)
- Tier 1 calls (all types) that are moved (by Call Center Management) to an overflow queue during periods of extremely high call volume

8.1.4 Call Purpose and Authentication







q	Call Purpose and Authentication			
4	If the call purpose is:			
	✓ Apply for HIP: Continue with the process to screen and handle the application request whether or not the caller is known to system. Authenticating the caller enables your notes on the call to be added to the correct case record, and supports generating a bar coded cover sheet which includes the caller's Case Number. This bar-coded cover sheet is then sent with the application.			
	Health Plan Provider Toll Free Numbers: Self-service option, but caller may have additional questions. Refer the caller to the appropriate Health Plan provider. Only provide case specific information to an authenticated caller; otherwise only general HIP information can be provided.	ס		
	✓ Health Plan Client Information: Confirm the Client's first and last name, last 4 digits of SSN, and Case Number or DOB. Ask for first and last name of Health Plan representative and name of Health Plan. Only provide case specific information to a representative from a participating health plan whose Client data matches what is in the database.			
	Other Questions about HIP: Only provide case specific information to an authenticated caller; otherwise provide only general information about HIP.			
	✓ Unknown: Ask for and note the reason the person is calling; then ask for caller's first and last name and last 4 digits of SSN, and Case Number or DOB. Perform a case or person search. Handle the call based on the call reason and authentication status of the caller. General, not case specific, information about HIP can be provided. Refer to Section 8.3, HIP Call Center Scripts <insert hyperlink="">.</insert>			
	✓ Report a Change: Ask for and note the caller's first and last name and last 4 digits of SSN, and Case Number or DOB. Check that these match information on the screen. If the caller cannot be authenticated, take the change information without releasing any information to the caller. Create a task for HIP WG 3 to handle the change reported. Refer to Section 8.3, HIP Call Center Scripts <insert hyperlink="">.</insert>			
	✓ Case Status Questions: Before responding to any case status questions, determine that the person calling is the Client (or Client's authorized representative) by asking for the name of the caller and last 4 digits of SSN, and Case Number or DOB. Check that these match the information (including, if applicable, the name of authorized representative displayed) on the screen. Otherwise, explain that you are not authorized to provide any information. Refer to Section 8.3, HIP Call Center Scripts <insert hyperlink="">.</insert>			
	Note: Do not provide address information to a caller. If a review of the address is necessary, ask the caller to provide the address.			

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Note: In some instances, calls may be transferred from 2-1-1 community resource lines or other third parties. Callers may need additional assistance because they are elderly or otherwise request help through 2-1-1 or another third party during a three-way call. The Coalition Call Center HIP Agent is still required to authenticate the caller and to ask the caller if she approves the 2-1-1 or third party representative remaining on the line. If the caller does not specifically agree to the 2-1-1 or third party representative remaining on the line, thank the 2-1-1/third party representative for assisting and inform the third party that you are handling the call from this point forward.